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## MONTANA HIGH SCHOOL EQUIVALENCY (HSE) TESTING PROGRAM 16-YEAR-OLD WAIVER APPLICATION FORM

HSE Test Center:	City:	
APPLICANT SECTION (to be completed by	y Applicant) ETS ID#:	
Social Security Number:	Date of Birth:	Sex: Male Female
Phone Number:		
Last Name: F	irst Name:	Middle Initial:
Mailing Address:	City: St	tate: Zip:
Last School Attended:	City:	State:
Last Date Attended:	Highest Grade C	ompleted:
Applicant Signature		Date:
SCHOOL SECTION (to be completed by cl	nief education officer)	
The applicant is no longer enrolled in school. Date of dropped enrollment Attach: 1) school withdrawal document verifying applicant has been out of school 90 days OR 2) letter of approval to pursue HSE on school letterhead signed by chief education officer providing applicant's withdrawal date.  The applicant last attended school in a state other than Montana. The applicant has been advised of local in-school options and has never enrolled in this public school district. Attach verification letter.  The applicant has graduated from a high school not accredited by the state of Montana. Date of graduation Attach request letter.  The applicant resides at a Job Corps Center; youth correctional facility; group home; alcohol/drug treatment center; or is under court/youth probation jurisdiction. Applicant's circumstances and withdrawal from tradition school setting warrant pursuit of HSE. Attach facility director's request letter.  I certify the applicant and his/her parent, legal guardian, or advocate have been advised of available in-school options and that pursuit of a HSE is considered in this applicant's best educational interest.		
School Name: Address:	City:	State: Zip:
School Phone Number:	School Offic	cial's Signature
PARENT/LEGAL GUARDIAN/ADVOCATE* SECTION (must be notarized)		
I hereby authorize by my signature permission for through the HSE Testing Program.		to pursue a high school equivalency credential
Parent/Legal Guardian/Advocate* Signature *Advocate: A responsible adult with knowledge of program. Advocate's signature required in lieu of paguardian. Relationship to Applicant: (check one) PARENT Mailing Address: TO BE COMPLETED BY NOTARY PUBLIC:	arent/legal guardian signature v  LEGAL GUARDIAN City: Subscribed and sworn to be Signature of Notary Public	

## CHECK LIST FOR FILLING OUT THE 16 YEAR-OLD WAIVER FORM

may can b	al and warranted circumstances is no longer enrolled in a regular school program apply for a waiver of the minimum age requirement provided the following criteria be documented (16-year old waiver applications must be submitted for review and eval to the State HSE Administrator prior to testing):
	1. Completed, signed and notarized 16-year old Age Waiver Application Form with required school documentation attached (2C) demonstrating consensus of applicant; school officials; and applicant's parent/legal guardian that the HSE testing program is considered in the best educational interest of the applicant;
	2. Original letter from an Adult Basic Education (ABE) Director or Literacy Program Director certifying that the applicant has enrolled in/attended preparation classes and is academically prepared to attempt the HiSET Test Battery; and/or documentation from same source certifying the applicant obtained pre-test scores substantiating preparedness for the official HiSET Test Battery;
	3. Letter of documentation, on official letterhead, establishing applicant's need to obtain a HSE at age 16, originally signed and coming from one of the following:
	a) Post-secondary admissions officer
	b) Employer requiring an HSE for employment purposes

Waiver of Minimum Age Requirement: An applicant 16-years of age who because of